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CONFIRMATION NO. 3507

<b>SERIAL NUMBER</b> 09/658,315	<b>FILING OR 371(c) DATE</b> 09/08/2000 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> 98.009-B1
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/245,680 02/08/1999 PAT 6,239,109 which claims benefit of 60/074,106 02/09/1998 and claims benefit of 60/111,535 12/09/1998.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

**F REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 10/19/2000

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____	Initials _____		

## ADDRESS

20306

## TITLE

Method of promoting erythropoiesis

<b>FILING FEE RECEIVED</b> 363	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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